



PARKS & RECREATION DEPARTMENT
301 Grove Street, Lynchburg, Virginia 24501
Phone: (434) 455-5876 Fax: (434) 528-2794
Web Site: www.lynchburgva.gov

OFFICE USE ONLY

Permit No. _____

Date Received: _____

Event Date: _____

Aviary Use Permit

Name of Applicant: _____ Day Phone No: _____

Address: _____
Street City State Zip Code

E-Mail Address: _____

Is another individual, organization, or business sponsoring this activity? ☐ Yes ☐ No ☒ IF YES, THEN COMPLETE INFORMATION BELOW

Name of Sponsoring individual, organization, or business: _____

Address: _____
Street City State Zip Code

Date of proposed Activity/Event: _____

Day of the Week: ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday

Hours of Proposed Activity/Event: _____ to: _____ (Events shall be completed by 11:00 p.m.)

Proposed Use: _____ Estimated Attendance: _____

Will you require an Alcohol Beverage & Control Permit for your event? ☐ Yes ☐ No ☒ IF YES, PLEASE CONTACT PARKS MANAGER FOR INFORMATION

Is This a Private Event? ☐ Yes ☐ No

Is this Event Open to the General Public? ☐ Yes ☐ No

Will this event be advertised? ☐ Yes ☐ No ☒ IF YES, CHECK BOX PROVIDED

☐ Newspaper

☐ Television

☐ Radio

☐ Flyers

☐ Banners

☐ Other _____

☒ IMPORTANT NOTICE: ALL ADVERTIZED EVENTS THAT TAKE PLACE ON PARKS & RECREATION MANAGED PROPERTIES MUST CLEARLY DENOTE THE NAME OF THE SPONSORING ORGANIZATION ON ANY AND ALL ADVERTISEMENTS, AND SUCH ADVERTISEMENTS SHALL CONFORM TO ALL CITY ORDINANCES/PARK RULES WHERE APPLICABLE (SUCH AS BANNER AND ZONING POLICIES).

Please Describe Your Activity in the Space Provided Below (Attach Additional Sheets as Necessary):

Continued on back page

AVIARY RENTAL RATES:

	4 Hours	8 Hours	*Additional hrs.
Monday-Sunday	\$180	\$300	\$50

*MINIMUM 4 HOUR RENTAL

TOTAL RENTAL FEE: _____

Copy of Certificate of Insurance (COI) Attached for Support Services. ☒ IF NECESSARY

Name of Support Service Companies/organizations required to Attach COI (Attach Additional Information as Necessary)

NAME	ADDRESS	PHONE NO.	TYPE OF ORGANIZATION
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PLEASE READ:

The person or persons to whom this permit is issued shall be responsible for any and all damage to Park and City property and shall assume the defense of and indemnify and save harmless the City, its employees, and officers from and against any and all claims, liabilities, judgements, costs, causes of action, damages and expenses whether in law or equity or otherwise, and shall pay all attorney's fees, court costs and other costs incurred in defending such claims, which may accrue against, be charged to, be recovered from or sought to be recovered from the City, its employees and officers for reason of damage to property, personal injury or death of any person rising from the applicant's use of the City Park or other City Facilities. The Director, with the concurrence of the City Attorney, may require such public liability insurance as he/she deems to be necessary to protect the interest of the City.

All requests for refunds or changes to approved permits must be received 10 days in advance of the reservation date. A \$10.00 handling fee will be assessed for providing changes or refunds.

I have read and understand the above statements. My signature below indicates I agree to the terms listed.

SIGNATURE OF APPLICANT

DATE

The Lynchburg Parks and Recreation Department complies with the Americans with Disabilities Act for qualified individuals. If reasonable accommodation is needed, please tell us upon registering and at least ten days prior to the event.

FOR OFFICE USE ONLY:

☐ **Permit Granted** ☐ **Permit Denied** ✓IF NO, PLEASE EXPLAIN

SIGNATURE OF PARKS MANAGER OR REPRESENTATIVE

DATE

Comments/Conditions:

Amount Received: \$_____

Mandatory Copies to:

- ☐ **Facilities Supervisor**
- ☐ **Parks Manager**
- ☐ **Buildings & Grounds**

Courtesy Copies to:

- ☐ **Police**
- ☐ **Fire Department**
- ☐ **Risk Manager**
- ☐ **Other** _____